

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097308914

APPLICANT(S)

26 May 99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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3						
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19						
20			1			
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34				/		
35				/		
36				/		
37			1			
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44			1			
45				/		
46			1			
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			43			
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						